## OMB Number: 3235-0076 **UNITED STATES** Expires: May 31, 2005 SECURITIES AND EXCHANGE COMMISSION Estimated average burden Washington, D.C. 20549 hours per form 16.00 RECEIVED FORM D SEC USE ONLY NOTICE OF SALE OF SECURITIES 0 7 2007 PURSUANT TO REGULATION D. Prefix Senal SECTION 4(6), AND/OR ÚNIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Millennium Quest, Inc. □ ULOE Filing Under (Check box(es) that apply:) Rule 504 ☐ Rule 505 □ Rule 506 ☐ Section 4(6) Type of Filing: New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) 07075849 Millennium Quest, Inc. Address of Executive Offices (Number and Street, City, State Zip Code) Telephone Number (including Area Code) Beihuan Zhong Road, Junan County Shandong, China 276600 (86) 539-7318818 Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State and Zip Code) (if different from Executive Offices) Brief Description of Business: Through indirect Chinese subsidiaries, we develop, manufacture and sell convenience foods, meals ready-to-eat, chestnut products, and frozen, canned and bulk foods. Type of Business Organization other (please specify): ☐ limited partnership, already formed D business trust ☐ limited partnership, to be formed Year Month THOMSON ☐ EstimaTelNANCIA 2 0 6 Actual or Estimated Date of Incorporation or Organization: O (Enter two-letter U.S. Postal Service abbreviation for Jurisdiction of Incorporation or Organization: State: CN for Canada; FN for other foreign jurisdiction ) Ε **GENERAL INSTRUCTIONS** Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this

**ATTENTION** 

form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be

completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

<b>&gt;</b>	1	A. BASIC IDEN	TIFIC	CATION DATA				· · · · · · · · · · · · · · · · · · ·	
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>									
Check Box(es) that Apply:	☐ Promoter 区	Beneficial Owner	X	Executive Officer	区 Manag	Director ging Partner		General and/or	
Full Name (Last name first, if inc Akazawa, Hisashi	dividual)								
Business or Residence Address	(Number and St	reet, City, State, Zip C	Caho:						
Beihuan Zhong Road, Juni		•							
Check Box(es) that Apply:	Promoter C	_	<u> </u>	Executive Officer	X Manag	Director		General and/or	
E # 11	12. 2. L 13.				iviaria	ging Farmer	l .	<u> </u>	
Full Name (Last name first, if inc Si Chen	aividuai)								
Business or Residence Address	(Number and St	reet, City, State, Zip (	Code)						
Beihuan Zhong Road, Jun	an County Shan	dong, China 2766	00						
Check Box(es) that Apply:	☐ Promoter ☐	Beneficial Owner	区	Executive Officer	□ Manad	Director ging Partne	, []	General and/or	
Full Name (Last name first, if individual)  Zhou, Xiaodong									
Business or Residence Address	: (Number and St	reet, City, State, Zip (	Code)						
Beihuan Zhong Road, Jun	•	•							
Check Box(es) that Apply:	☐ Promoter ☐	_	⊠	Executive Officer		Director		General and/or	
					Manag	ging Partne	<u> </u>	<del> </del>	
Full Name (Last name first, if in	dividual)								
Sheng, Huanxiang									
Business or Residence Address	(Number and St	treet, City, State, Zip (	Code)						
Beihuan Zhong Road, Jun	an County Shan	dong, China 2766	00						
Check Box(es) that Apply:	☐ Promoter ☐			Executive Officer	□ Manag	Director ging Partne	,	General and/or	
Full Name (Last name first, if in	dividual)					- · ·			
Business or Residence Address	(Number and St	treet, City, State, Zip (	Code)	,					
Check Box(es) that Apply:	☐ Promoter ☐	Beneficial Owner		Executive Officer	☐ Manad	Director ging Partne	,	General and/or	
Full Name (Last name first, if in	dividual)						•		
Business or Residence Address	(Number and St	treet, City, State, Zip (	Zode)					· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	☐ Promoter ☐	Beneficial Owner		Executive Officer	☐ Manad	Director ging Partne		General and/or	
Full Name (Last name first, if in	dividual)				<del>.</del>	<u> </u>			
Business or Residence Address	(Number and St	treet, City, State, Zip (	Code)						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<u>)</u> -				В.	INFORMA	TION ABOU	JT OFFERI	NG				<del></del>
1. Has th	e issuer solo	d, or does th	ne issuer int	end to sell,	to non-accre	edited inves	tors in this c	offering?			Yes	No ⊠
2. What i	s the minim	um investm	ent that will	be accepted	d from any i	ndividual?	*Subject to	waiver.			Not a	pplicable
3. Does t	he offering p	permit joint o	ownership o	f a single ur	nit?	• • • • • • • • • • • • • • • • • • • •	*************				Yes ⊠	No
commi a perso states,	the informa ission or sim on to be liste list the nam or dealer, ye	nilar remune ed is an ass ne of the br	eration for so ociated persoker or deal	olicitation of son or agen er. If more	purchasers t of a broker than five (5	in connecti or dealer re persons to	on with sale egistered wi be listed a	es of securit	ies in the of and/or with	fering. If a state or		
Full Name	(Last name	first, if indiv	vidual)					•				
Business o	or Residence	Address (I	Number and	Street, City	, State, Zip	Code)		<del>.</del>				<del></del>
Name of A	ssociated B	roker or De	aler									
	Which Perso										П	All States
[AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	(GA)	(HI)	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	(MA)	[MI]	(MN)	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]
[RI]	(SC)	(SD)	[TN]	IΤXI	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
	(Last name		•	Street. City	v. State. Zip	Code)		****				
	ssociated B	<u> </u>									==	
	Which Perso											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	(HI)	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[LN]	 [NM]	[NY]	[NC]	[ND]	[OH]	(ок)	[OR]	[PA]
[RI]	(SC) .	[SD]	[TN]	[XT]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ruii Name	(Last name	mst, ii man	nuuai)									
Business o	or Residence	Address (I	Number and	Street, City	, State, Zip	Code)			, ,	·····		
Name of A	ssociated B	roker or De	aler									
	Which Perso All States" o						***************************************					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	(NM)	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount

already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 区 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
Type of Security	Aggregate Offering Price		Amount Already Sold**
Debt\$			
Equity\$	19,800,000	\$	19,800,000**
☐ Common ☑ Preferred			
Convertible Securities (including warrants)\$	5,941,776*	\$	0
Partnership Interests\$		\$	
Other (Specify)\$		\$	
Total\$	25,741,776	\$	19,800,000**
Warrants for the purchase of up to an aggregate of 1,398,065 shares of Common	, ,		Includes non-US
Stock at an exercise price of \$4.25 per share.			purchasers under
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Reg S
	Number Investors		Aggregate Dollar Amount of Purchases
Accredited Investors	58	\$	19,800,000**
Non-accredited Investors		\$	0
Total (for filings under Rule 504 only)		 \$	
Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	Type of		Dollar Amount
Type of offering	Security		Sold
Rule 505		_ \$ .	
Regulation A		_ \$ .	N/A
Rule 504	N/A	_ \$ .	N/A
Total	N/A	\$	N/A
4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees		\$	0
Printing and Engraving Costs		\$	0
Legal Fees	X	\$	140,000
Accounting Fees		\$	0
Engineering Fees		\$	0
Sales Commissions (specify finders' fees separately)		\$	0,000
Other Expenses (identify) (Blue Sky and misc filing fees)	(O)	\$	5,000
	<u> </u>	Ψ	3,000

	C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXP	ENSES	AND	USE OF PR	OCE	EDS
	b. Enter the difference between the aggregate Question 1 and total expenses furnished in ridifference is the "adjusted gross proceeds to the	esponse to Part C - Question	4.a. Thi	S		×	\$25,596,776
5.	Indicate below the amount of the adjusted gros to be used for each of the purposes shown. If furnish an estimate and check the box to the payments listed must equal the adjusted gross to Part C - Question 4.b. above.	the amount for any purpose is left of the estimate. The	not known total of the	), e			
		<i>.</i>			Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and Fees		🗖	\$_			\$
	Purchase of real estate		🗖	\$			\$
	Purchase, rental or leasing and installation of m	achinery and equipment		\$_			\$
	Construction or leasing of plant buildings and fa	aiitles		<b>s</b> _			\$
	Acquisition of other businesses (including the vi						
	offering that may be used in exchange for the issuer pursuant to a merger)			\$			s
	Repayment of indebtedness	************************************		. –			\$
	Working capital		🖾	s	25,596,776		\$
	Other (specify)			_			s
	Column Totals	••••••	🗵	s_	25,596,776		s
	Total Payments Listed (column totals added)				z \$	25,	596,776
		D. FEDERAL SIGNA	TURE		<b>307</b>		
si th	ne issuer has duly caused this notice to be signed gnature constitutes an undertaking by the issuer e information furnished by the issuer to any non-	to furnish to the U.S. Securities accredited investor pursuant to p	s and Exc	hange	Commission, u of Rule 502.	d und pon w	er Rule 505, the following written request of its staff,
	er (Print or Type) fillennium Quest, Inc.	Signature	5	•	Date Augus	3)	2007
Nar	ne (Print or Type) Si Chen	Title (Print or Type)	Chief	Exec	eutive Officer		
		ATTENTION					
	Intentional misstatements or om		ral crimin	al vio	lations. (See 18	<u>u.s.</u>	C. 1001).

